

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>9/16/01</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>843</i>	<i>3/5/02</i>

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- (Through numeral) Canceled
- + _____ Restricted
- N _____ Non-elected
- I _____ Interference
- A _____ Appeal
- O _____ Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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